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APPLICANTS						,			
James E. C	Salen	, Owings Mills, MD;							
which is a ( and claims	ation CIP o bene	is a DIV of 09/453,313 f 09/204,117 12/02/199 fit of 60/158,738 10/12	- 12/02/19 98 PAT 6 9/1999		3,233				
IF REQUIRED, F ** 04/22/2004	OREI	GN FILING LICENSE	GRANTE	ED ** SMALL E	NTITY	/ **			
Foreign Priority claimed  yes no  35 USC 119 (a-d) conditions  yes no Met after met  Allowance Verified and Allowance				STATE OR	SHEETS		TOT.		INDEPENDENT CLAIMS
Acknowledged	Exa	miner's Signature Ini	tials	MD			35		1
ADDRESS 23373 SUGHRUE MION 2100 PENNSYLV SUITE 800 WASHINGTON , 20037	ANIA								
TITLE Plasmid maintena	ance s	system for antigen deliv	very						
l l	No.	ES: Authority has been given in Paper  o to charge/credit DEPOSIT ACCOUNT  o for following:				All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)			

520	1.18 Fees (Issue)
	Other
	□ Credit